A Descriptive Study of Indian General Public's Psychological responses during COVID-19 Pandemic Lockdown Period in India

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A decision to announce a disease as deadly and pandemic in nature has a consequence beyond physical health domain. Every nation effected by the spread of pandemic not only faces economic and political challenges but also witnesses a severe impact on the mental health component on the general public (Lau et.al, 2006). The pandemic, which is characterized as an unrestricted form of disease spread, has a potential to have a psycho-social impact on the society (Subramanian et al., 2009; Rosen et. al., 2007).

This research was conducted immediately after the WHO's announcement on March 11, 2020 to treat the Covid-19 as pandemic (WHO, 2020 n.d.). According to the Cambridge dictionary, a pandemic is referred to a dangerous disease that exists in almost all of an area or in almost all of a group of people. The outbreak of Covid-19 has posed several challenges- for governments, scientists and medical community. There is no significant progress in discovering a medicine, during the period of this study, to contain the virus which has left the world's nation with the foremost concern to how to handle the disease (Wetsman, 2020). The reaction of the major world's nation to the Covid-19 pandemic was unprecedented which was to lock-down their countries as a measure to protects its citizen and further spread of virus.

Traditionally, a nation's preparation during and aftermath for endemic gave importance to execution of national level policy measures on epidemic containment, vaccine development and distribution of drug and economic revival; however, it had been noticed that psychological and social aspects were ignored in the process (Protecting Mental Health During Epidemics, n.d). Undoubtedly, the frequency of epidemic outbreak (Ordway & Sokol, 2016) in the recent years has created a scenario to have a more and better understanding of virus, its causes and preventive measures. Besides, it is also important to understand impact on the general public by examining their psychological responses to the situation (Wheaton, et.al., 2012).

During this condition, individuals become apprehensive and succumb to emotional challenges in dealing with the situation (Leung et al., 2003). Studies state that the outbreak of SARS and Ebola virus disease in the year 2003 and 2014 had caused widespread public fear and fear-induced emotional reactions that went to an extent of impeding infection control (Shultz et al., 2016; Pearson et al., 2004). China was the first country affected by the pandemic outbreak of COVID-19 and it had reported a severe mental health crisis in the effected regions (Dong , 2020). In addition to the fear of the disease, during the outbreak, general public were plagued by the availability of humungous information about the disease in various media sources (McCauley et al., 2013). This information strengthens general public's perception and meaning making on their vulnerabilities. Their probability to the exposure to the disease and one's resources to handle it acts as a potential stressor in their mind. Especially, it enhances the risk perception and plays a large role in shaping their anxiety and coping mechanisms too (Gilman, 2010). Lot of studies were done on epidemics occurred during various period in 21st century particularly in different Asian, North American and European countries on general public's psychological responses. The studies inform that psychological disturbance during an outbreak can possibly leave the affected general public less capable of handling it (Taha et al., 2014; Blendon et. al., 2004; Balinska & Rizzo, 2009; Hong & Collins , 2006; Leung et al., 2004; Rosling & Rosling , 2003). These studies findings show that the outbreak can lead the entire population to experience stress, anguish and make them feel vulnerable.

The below section presents the literature on Health Anxiety, Coping Mechanism and Locus of Control.

Health anxiety

An onset of outbreak can instill fear in most individuals. The fear of concern can be amplified by preexisting anxiety and depressive disorder (Taha et al., 2014). Individuals experience a general distress that results in tendency to do in negative interpretative biases attributing to their health (Hillick & Margret, 1998).

Studies conducted at Sierra Leone during an Ebola outbreak in 2014 and from the H1N1 outbreak in 2009, produced finding that general public experienced rise in anxiety and depression during those periods (Shultz et al., 2016; Ibuka, et al., 2010). For instance, even at a relatively low level of spread during the SARS outbreak at Toronto and Ontario, people who were living far distant from the site of the outbreak became concerned and start taking precautions as if they were in the affected area (Bish, & Michie, 2010). Another survey conducted by Ipsos- MORI, on February 2019, during the Covid-69 outbreak found that 62% of Britons responded that it was hard to stay positive about the future after the outbreaks and particularly the survey narrated that younger people and women displayed a grim outlook (Pinnington, 2020).

Individuals tend to overestimate the likelihood and severity of illness as a thought to drive anxiety. An experience of anxiety related to health conditions is referred as an inappropriate

(Salkovskis . et al., 2002) or exaggerated (Leung et al., 2004) concern in the absence of organic pathology (Abramowitz, et.al..2007). It involves sensitivity to the ambiguous bodily sensations and tendency to misinterpret them as dangerous (Taylor et al., 2007). It involves frequency to indulge in self-monitoring for unexplained bodily sensation and constantly being body vigilant to a specific disease outbreak (Blakey et. al. 2015).

Earlier researches have shown that the anxiety and interpretation in the general public's mind has resulted in instances of panic during the period of outbreak (John 1995). Anxiety does not drive people to protect themselves but rather strengthen their feeling of helplessness and the fear of getting infected (Blendon & Donelan., 1988). The human mind can explore a vast list of possible connections for the illness and create an urge to assign cause and cures during an outbreak(Lau, et.al.2006)). Their persistent worrying leads to an avoidance reaction and dependence on culturally promoted illness avoidance practices (Chang, et.al, 2004). It was noted that public reacted in taking inordinate or erroneous precautionary behaviors during Corona outbreak. This behavior included taking bath in hot water, staying in cold weather, panic due to mosquito bites, using hand dryers, and frequently exposing to UV rays lamps, spraying chlorine and alcohol, drinking methanol, ascetic acid, and steroids, rinsing nose with saline, refusal to follow government advisory during initial stages of outbreak such as revealing the travel history or being stay-put at home to avoid contact or spreading of disease (Maragakis, 2020; WHO, 2020).

During Covid-19 outbreak, the information overflow through social media including misinformation has heightened public mental health crisis (Dong, 2020). Unwarranted rumors or sensational media coverage has the capability to build misconception, misinformation regarding threat estimate in the minds of general public regarding the likelihood (WHO, 2020 n.d). It has been identified that there was a positive correlation between public anxiety and the media coverage during outbreak of SARS (Xie, et.al , 2011), and EBOLA (Chaung, 2015) outbreaks. Journal of Infectious disease had published that social media misinformation has taken a toll on mental health during the first wave of Covid-19 pandemic in China and it had raised heightened public mental health crisis.

Coping Mechanisms

To a limited extent, there have been empirical assessments of the appraisals and coping responses to potential threats involving viral illnesses. (Puterman, et.al 2009). Individuals' risk perception influences the choice over the adoption of recommended protective behavior (Wang, et.al. 2018) while appraising a uncertain situation. However, the degree of uncertainty toleration, a trait that individuals bring into an ambiguous situation (Rosen et al., 2007) influences how a particular stressful situation could be managed. For instance, one's low tolerance to uncertainty can raise the anxiety level on encountering even daily stressors (Chen & Hong, 2010).

Studies conducted during the H1N1 pandemic have found that there were numerous psychosocial factors that might have contributed to anxiety related to the threat including the individual's propensity to deal with uncertain events, as well as the way in which they appraised and coped with ambiguous events (Rosen, et.al. 2007). In particular, the literature on severe acute respiratory syndrome (Blendon et al., 2010) and pandemic influenza H1N1 2009 (Wheaton. et al., 2009) suggests that worry or anxiety may be associated with compliance with health-related recommendations which can be attributed to the positive coping behavior to alleviate anxiety. (Prati, et.al., 2011)

Personal reaction to the threat may differ from individual to individual; however, increased rumination about the possibility of accuracy on illness can influence the behavior (Protecting Mental Health During Epidemics, n.d)). It is observed that a high level of general anxiety can be related to an individual's preventive and avoidant protective behaviors which turnout into a coping strategy. For instance, during 2005 avian flu pandemic, general public appraised the threat with ambiguity due to lack of awareness about the disease as well as due to little knowledge on the response to a pandemic itself (Elledge, et.al., 2008). An effective coping strategy and a health related behavior towards threat is built when an emotional response to the problem interacts to understand the reality. Individuals experiencing the crisis build a mental model of the threat in order to make a sense of it (Bish, & Michie2010). It is a process of appraisal of threat which involves effort understand the event causing the threat by forming beliefs about the identity, cause, consequence, time duration, controllability of the illness (Petre & Weinmann, 2006). It is subsequently followed by secondary appraisal which involves individuals to manage the threat by displaying either preventive or avoidance behavior. The appraisal helps to determine whether they have the resources to deal with the stressor and also to adopt strategies to cope with the threat (Folkman et al., 1986).

Public when engaged with a greater perception of threat, responds with a higher level of coping behavior and behavior focusing on reducing the threat (Puterman et al., 2009). Individuals resort to variety of coping strategies such as meditation, social coping by seeking social support such as by connecting to relatives and friends, minimizing stress through humor, problem-focused coping such as adhering to the safety precautions, cognitive restructuring such as having focusing on healthy thoughts (Folkman & Lazarus, 1980; Ysseldyk, et.al, 2011)

Locus of Control

Locus of control has been defined as an individual's belief or perception about the source of consequences in life (Rotter, 1966) and it has been generated to assess one's orientation of decision (Yeh, 2008). In health domain, the theory of locus of control plays an important role; for instance, as the patients who perceive their active role in the processes of recovery (that they can, and do contribute to the process) seem to recover faster (Wallston & Wallston,1978) and have high resilience. Resilience is the capacity of a system to absorb change (generally conceptualized in the form of sudden shocks) and retain its essential functionality (Walker, et al., 2006). People with internal locus of Control perceives that consequences result from the

personal action and contrasting to this, a person who has external Locus of Control perceives consequences as caused by external events, not by individual responsibility(Yeh, 2008) and when people believe that they have no control, they remain passive and not exert themselves. This also push them to give up easily(Skinner, 1995).

Focus of the study

At the time of writing this paper, there have been a million of confirmed cases worldwide while deaths neared 50,000 (Washington Post). As per Government of India data, there are total 1764 active cases and 50 deaths as on 2nd April 2020 in India.

There are seldom studies been conducted on general public in India specifically about the way they have responded to a situation like a pandemic. Since 1918, the Indian public had not encountered a pandemic of this Covid-19's magnitude in 100 years and there is limited literature available to understand their behavioral response.

It is important to understand how general public appraise a pandemic in a large country like India and how to do they mentally and behaviorally respond during this threat. This could provide insights to strengthen mental health related communication along with other preventive efforts taken by public health mechanisms in the country. The present study examines Indian public's reactions towards Covid-19's outbreak by gauging the psychological response in terms of anxiety and their coping behavior adapted during that time period.

Methods

A structured questionnaire was used to collect the data and examine the various variables. The items used to operationalize various constructs e.g. Locus of control- Internal/external; health anxiety and coping mechanism, all of the scales were formulated based on Likert scale from "Strongly disagree" (1) and "Strongly Agree" (5) and Qualtrics link was used for data collection during 24th March till 30th March 2020. This duration is part of nation-wide lockdown period. Health Anxiety was checked using six item Likert scale- "*I have started to feel worrisome about my own health*"; "*I have started to feel that I am at a risk for developing this illness*"; "*I am becoming aware of bodily sensations/changes*"; "*I have started to feel worrisome about my own loved ones' health*"; "*I wonder what body sensations/changes like mild cough, a sneeze or a discomfort in my throat mean to me*"; "*I frequently read/hear about illness and think I have it*". These items comprising health anxiety score show good internal consistency ($\alpha = .842$). The items were adapted from the Short Health Anxiety Inventory (Abramowitz, et.al 2006).

Internal Locus of Control was measured using four-item scale. Items include "*I feel it is my responsibility to follow the precautions suggested by the Government to prevent the spread of this disease*"; "*I feel responsible for my neighbours and society*"; "*I feel responsible for my health and my loved ones*"; "*I feel I am integral part of the preventive mechanism*" ($\alpha = .713$). External Locus of control was measured using three-item scale that included "*Cure from*

COVID-19 is a matter of good luck"; *"The prevention of COVID-19 is beyond anyone's control"*; *"Getting this disease is a matter of bad luck"*($\alpha = .658$). Coping strategies were measured using a nine-item scale. The sample items were *"I am practicing meditation to help me to cope up"*; *"I am thinking of learning something new"*. The convenience sampling approach was used to administer the questionnaires among adult and educated group of consumers (age 18 or above), 231 participants voluntarily participated in the survey. The survey instrument's face validity and content validity were checked before administering it.

Sample Profile

The demographic profile of the respondents shows that 145 (63%) respondents were male and 86 (37%) female out of total 231 respondents, majority of them (42.86 % and 32.03 %) exist in the age group of 18-31 & 32-45 respectively and 9.09 % exist in the age group of 46- 51 and higher age groups consisted of 16.01 %. Out of total respondents, 60.17% are from non-metro cities and 39.83% are from Metro cities. With regard to occupation, 47.62% respondents are employed with private or Government; 12.55 % own business, 22.94% are students and rest includes retired and homemakers.

Results and Discussion

Of the 231, respondents, 63% were male and 37% were female. T-test analyses demonstrated no significant difference between male/female and their Health Anxiety, Internal Locus of Control(LOC). External Locus of Control(LOC) and Coping Mechanism variables.

Mean score of Health Anxiety was 3.23(SD=.820); whereas Female Health Anxiety score was 3.26 and for male it was 3.21. Mean score of Internal LOC was 3.99 whereas for female it was 3.97 and for male respondents it was 4.01. Mean score for External LOC was 2.46, with Female score of 2.38 and male mean score of 2.51. Lastly mean score for Coping was 3.57(SD=.507). For female coping mean was 3.59 and for male it was 3.57.

Table 1. Mean Score and Standard Deviation for different variables (n=231)

	Mean	Std. Deviation
Mean Health Anxiety	3.23	.820
Mean Coping	3.57	.507
Mean LOC Internal	4.00	.379
Mean LOC External	2.46	.841

Though, there is no significant difference between male and female and various variables under study. One-way ANOVA was carried out initially to investigate significant difference between various age groups and variables e.g. Health Anxiety, Internal LOC, External LOC and Coping.

Analyses of Health anxiety responses

There was a significant difference between various age groups and their Health Anxiety. ($F(8, 222)=2.772$, $p<.05$). Respondents who were in the age group 18-24 had higher health anxiety ($M=3.55$, $SD=.690$) when compared to 69 and above age group ($M=2.71$, $SD=.681$)

More than 50% ($n = 127$) of the respondents overwhelmingly identified that they are worried about their own health; however, it is important to note from the finding that a very large group of respondents ($>80\%$; $n=190$) have felt that they are more worried about their loved ones. Above 50% of the respondents ($n=135$) have started to observe on their bodily sensations after the outbreak and have also started to feel concerned about their sneezing, coughing and cold. Near to 40% believe that they were at the risk of developing the illness.

Most of them (above 50%; $n=130$) read frequently about the information on Covid-19; however, they believe that information on disease does not create anxiety in them.

Coping Strategies

More than 50% of the respondents ($n=>140$) have reported that their social media usage has gone up as well as their time spent in watching movie/shows through online.

It is also important to note that respondents ($>80\%$; $n=190$) agree that their technology usage to connect with their friends and relatives have gone up.

A large group of respondents ($>50\%$; $n=153$) feel that reading forwarded messages on Covid-19 is depressing. An overwhelming majority of the respondents ($>90\%$; $n= 215$) agree that they discourage unverified forwarded message on illness in the social media.

A majority of the respondents (41%;) reported that they are not doing any physically activities such as Yoga during the lock-down period and another (19%) were not sure about engaging them in physical activities. They also responded that they (57%) were not practising any mind calming practices such as meditation and (18%) were not sure about practising any meditative practices. However, majority of the respondents (70%; $n=>160$)) reported that they spend most of the time in resting during the lock-down period. An overwhelming majority of the respondents (84%) had planned to learn something new during the period.

It is also important to note that a large group of respondents (60%; $n=158$) enjoy receiving, reading and forwarding humorous messages in their social media. About 74% of the respondents were happy that they have got more time to spend with their family during the lock-down situation.

Locus of Control

There was significant difference between various age groups and their External LOC ($F(8, 222)=3.470$, $p<.01$). Respondents who were in the age group 59-63 had higher External LOC

($M=3.52$, $SD=.603$) when compared to lower age group respondents; for 18-24 it was significantly lower ($M=2.18$, $SD=.670$). This shows that respondents in higher age group gave more control to external factors. A very large majority ($>90\%$) of the respondents reported that they have a role in preventing the spread of the disease. They believe that they are integral part of preventive mechanisms and they have responsibility to follow rigorously on the precautions suggested by the government. In addition, they feel responsible towards safeguarding themselves from the disease as well as in preventing the spread to their family members, neighbours and society. With respect to belief to get cure from Covid-19, the respondents near to 50% have reported that luck plays a role; however, it is also important to note that more than 50% of the respondents disagree that it is someone's bad luck to contract the Covid-19 disease. This disagreement could be related with individual's owning up the responsibility towards prevention and adopting protective behaviour towards the spread of the disease.

Table-2 Gender wise frequency distribution of their response on various variables

Table-2		Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree	
		M	F	M	F	M	F	M	F	M	F
Health Anxiety	I have started to feel worrisome about my own health.	18	7	21	16	23	18	60	37	22	9
		12.50%	8.05%	14.58%	18.39%	15.97%	20.69%	41.67%	42.53%	15.28%	10.34%
	I am becoming aware of bodily sensations/changes.	17	2	26	15	17	20	67	42	17	8
		11.81%	2.30%	18.06%	17.24%	11.81%	22.99%	46.53%	48.28%	11.81%	9.20%
	I frequently read/hear about illness and think I have it.	31	12	59	40	26	16	25	19	3	0
		21.53%	13.79%	40.97%	45.98%	18.06%	18.39%	17.36%	21.84%	2.08%	0.00%
	I wonder what body sensations/changes like mild cough or sneeze, or discomfort in my throat mean to me.	13	6	24	14	23	16	70	46	14	5
		9.03%	6.90%	16.67%	16.09%	15.97%	18.39%	48.61%	52.87%	9.72%	5.75%

<i>Coping Mechanism</i>	I have started to feel that I am at risk for developing illness.	9	0	10	6	10	6	68	53	47	22
		6.25%	0.00%	6.94%	6.90%	6.94%	6.90%	47.22%	60.92%	32.64%	25.29%
	I have started to feel worrisome about my own loved ones' health.	17	8	32	25	34	20	55	31	6	3
		11.81%	9.20%	22.22%	28.74%	23.61%	22.99%	38.19%	35.63%	4.17%	3.45%
	My social media usage has gone up.	9	2	21	15	22	14	52	29	40	27
		6.25%	2.30%	14.58%	17.24%	15.28%	16.09%	36.11%	33.33%	27.78%	31.03%
	I am using technology to connect with my loved ones.	5	1	7	5	17	5	76	51	39	25
		3.47%	1.15%	4.86%	5.75%	11.81%	5.75%	52.78%	58.62%	27.08%	28.74%
	I am practising meditation to help me to cope up.	28	14	59	33	29	14	21	20	7	6
		19.44%	16.09%	40.97%	37.93%	20.14%	16.09%	14.58%	22.99%	4.86%	6.90%

I have started exercises/ yoga at home	12	3	49	32	27	19	43	27	13	6
	8.33%	3.45%	34.03%	36.78%	18.75%	21.84%	29.86%	31.03%	9.03%	6.90%
I am taking good rest.	3	3	8	11	27	14	75	43	30	16
	2.10%	3.45%	5.59%	12.64%	18.88%	16.09%	52.45%	49.43%	20.98%	18.39%
I read and enjoy humorous messages(meme) and share it with others	11	2	16	9	20	15	67	48	30	13
	7.64%	2.30%	11.11%	10.34%	13.89%	17.24%	46.53%	55.17%	20.83%	14.94%
I feel happy for having more time to be with my family	5	0	8	4	28	13	55	47	48	23
	3.47%	0.00%	5.56%	4.60%	19.44%	14.94%	38.19%	54.02%	33.33%	26.44%
I am thinking of learning something new.	3	0	5	5	14	9	76	54	46	19
	2.08%	0.00%	3.47%	5.75%	9.72%	10.34%	52.78%	62.07%	31.94%	21.84%

<i>Internal Locus of Control</i>	. I am having an ability to resist thoughts of illness.	5	1	18	19	24	16	78	46	19	5
		3.47%	1.15%	12.50%	21.84%	16.67%	18.39%	54.17%	52.87%	13.19%	5.75%
	I feel it is my responsibility to follow the precautions suggested by the Government to prevent the spread of this disease.	0	0	2	0	1	0	29	19	112	68
		0.00%	0.00%	1.39%	0.00%	0.69%	0.00%	20.14%	21.84%	77.78%	78.16%
	I feel responsible for my neighbours and society	0	0	1	1	7	1	55	36	81	49
		0.00%	0.00%	0.69%	1.15%	4.86%	1.15%	38.19%	41.38%	56.25%	56.32%
	I feel responsible for my health and my loved ones	2	1	1	1	3	0	50	38	88	47
		1.39%	1.15%	0.69%	1.15%	2.08%	0.00%	34.72%	43.68%	61.11%	54.02%
	I feel I am integral part of the preventive mechanism.	0	0	0	2	12	2	60	41	72	42

<i>External Locus of Control</i>		0.00%	0.00%	0.00%	2.30%	8.33%	2.30%	41.67%	47.13%	50.00%	48.28%
	Getting this disease is a matter of bad luck	24	13	51	36	34	21	22	13	13	4
		16.67%	14.94%	35.42%	41.38%	23.61%	24.14%	15.28%	14.94%	9.03%	4.60%
	The prevention of COVID-19 is beyond anyone's control	38	22	60	42	25	17	15	4	6	2
		26.39%	25.29%	41.67%	3.00%	17.36%	19.54%	10.42%	4.60%	4.17%	2.30%
	Cure from COVID- 19 is a matter of good luck.	21	16	51	29	39	23	26	18	7	1
		14.58%	18.39%	35.42%	33.33%	27.08%	26.44%	18.06%	20.69%	4.86%	1.15%

Conclusion

The aim of the current study was to examine Indian public's reactions towards Covid-19's outbreak by gauging the psychological response in terms of anxiety and their coping behavior adapted during that lock-down time period.

Analysis of health related anxiety reveals that respondents are more worried over the health of their loved ones than theirs. Majority of the respondents have become conscious of any bodily changes, sensations, mild cold, cough, sneezing and experience concern and attribute those changes to the symptoms of Covid-19. These misconception and erroneous attribution could be related as an outcome of general public's anxious reactions during the outbreak (WHO, 2020 nd).

It can be observed from the study that during the Covid-19 outbreak's lock-down period, respondents displayed high involvement with the social media, watching online movies/ shows and prolonged resting. This prolonged engagement with social media, watching movies, and continuous rest or sleeping can be viewed as an escape or avoidance coping mechanism (Folkman, et. al, 1986);. Studies states that these coping mechanisms are maladaptive and unhealthy as it often results in aggravating stress without helping the individuals to deal with the things that are causing stress (Dijkstra & Homan, 2016). Given the nature of stressful context, behavioural responses could be attributed as act of suppressing anxious thoughts or as an outcome of alleviatory function of stress to create relaxation. However, the feeling of relaxation ceases once the viewer completes watching (Dandamudi, & Sathiyaseelan, 2018).

Secondly, respondents have resorted to coping by seeking social and emotional support through connecting with their friends and relatives as well as spending more time with their family members which can be viewed as social support seeking behaviour. Findings from various studies states that social supports especially family social support acts as strong protective factors for anxiety and reinforcing the belief that support resources are available for the them (Roohafza, 2014; MdYasin & Dzulkifli, 2010; Gurung & Belmont, 2006).

Thirdly, respondents have resorted to active coping strategy by discouraging unverified forwarded information on the illness; and also engaging in positive reappraisal of the situation by actively planning to learn something new during the period. It can be attributed as respondents' effort to adapt to the stressful events by construing as an opportunity for self-growth (Garland, et. al, 2009). It is important to note that respondents enjoy humorous messages and engaging in sharing with others. This could be viewed as Self-depreciating humorous memes during outbreak times have become a way to reframe the grim reality in a humorous way. These behavioural responses could be viewed from the aspect of deliberately taking step to alleviate anxiety. Respondents agree that looking at humorous messages & memes help to ease their anxiety which can be viewed that it helps them to laugh at their current state and connect with others who experience the same problems (Kariko & Anasih, 2019).

The responses towards disease control, prevention, spread and healthy protective behaviour can be related to respondents' internal locus of control in owning up the cause and consequences the healthy behaviour during the outbreak. This attitude of taking responsibility as a product of personal decision for the outcome could be viewed as a display of internal locus of control (Helmer, et. al. 2012). Besides that, majority of the respondents had display

responsibility towards following the precautionary measures recommended by the government. Respondents' attitude of allowing themselves to be controlled by a government's directives for following behaviour could be viewed as a "good compliance" and display of external locus of control (Bennett, et. al. 1998). Not only that, respondents have attributed luck to the cure from Covid-19 disease which could be related to external locus of control; however, they attributed the internal locus of control to the contract the disease. They firmly owned up their behaviour to the contract of disease; however, they displayed a belief only luck only can cure them if contracted..

There are both strengths and limitations in the current study. The timeliness of the study could be regarded as its strength. There is no primary data research study conducted on general Indians public's psychological response on a Pandemic situation and pertinently towards COVID19 . The variables chosen for the study gives an idea of general Indian public's health related anxiety, coping towards the stressors and their belief towards controlling pandemic related health outcomes. The relatively small sample size limits the generalizability of the findings. The authors have used their own scales for the measurement of variables which may create validity concerns.

Further research on other countries may provide a comparative scenario. The findings of this study could provide insights to strengthen mental health related communication along with other preventive efforts taken by public health mechanisms in the country.

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